TRANSITION CENTER

ETS

CHAPTER

MEDICAL

RETIREMENT

OFFICERS

DD FORM 214

PROCESSING

- **MILITARY TO CIVILIAN LIFE**
- **RESPONSIBLE FOR:**
  - **ORDERS**
  - **DD FORM 214**
- **COPELAND CENTER, ROOM B309**

CUSTOMER SERVICE 287-3513

michael.redwine@us.army.mil 287-3382

OPERATIONS

CUSTOMER SVC
0800-1130
1300-1600

DD FORM 214 BRIEFING

- **ETS**
- **CHAPTER**
- **MED SEP**

0730 OR 1230

- **OFFICER**
- **ENL RETIRE**
- **MED RETIRE**

APPOINTMENT

RECEIVE DD FORM 214 *ONE* DAY PRIOR TO PTDY/LV OR *ON* SEPARATION DATE

HOURS AND DATES MAY VARY ON TRAINING HOLIDAY

ETS

- WORKSHEET (HANDOUT)
  - EMAIL ADDRESS
  - PHONE NUMBER
  - # DAYS TAKING LV
- DA FORM 31
- PROMOTION ORDERS /DA FORM 4187/ARTICLE 15
- DD FORM 93/SGLV
- RETENTION CHANGES ETS DATE

CHAPTER

- **LEGAL REVIEWS**
- **CDR APPROVES**
- **UNIT DETERMINES SEPARATION DATE**

- **ORIGINAL CHAPTER**
- **WORKSHEET**
- **POC FOR CHAPTER**

- **PAY STOPS ON SEP DATE**
- **DATES CAN BE CHANGED**
- **SLDR GOES AWOL UNIT CLEARS**

- PTDY/LV (SOME CHAPTERS AUTHORIZED)

- MISSING DOCUMENTS
  - AWOL
  - CONFINEMENT
  - PROMOTION
  - DEMOTION

- ESCORT FOR:
  - CHAP 9, 10, 13 & 14

- BAR FROM FORT HOOD IF
  - DRUG RELATED CHAPTER
  - OTHER THAN HONORABLE CONDITIONS

- DFR NO DD FORM 214

MEDICAL

- PHYSICAL DISABILITIES BRANCH (PDB) APPROVES
- TC CUTS ORDERS & DD FORM 214 FOR ALL SOLDIERS
- DOCUMENTS NEEDED FOR ORDERS
  - APPROVAL FROM PDB
  - PTDY/LEAVE AUTHORIZATION

- WTB SOLDIERS **ONLY**
  - SVAC PROVIDES
    - ✓DD 93 & SGLI
    - ✓CLEARANCE PAPERS

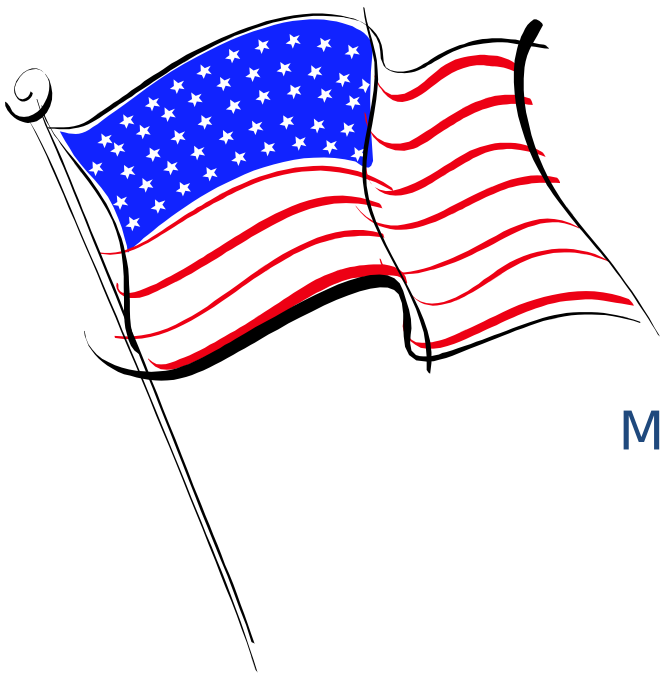
- **ALL** SOLDIERS
  - TC PROVIDES
    - ✓ORDERS
    - ✓DD FORM 214

ENLISTED RETIREMENT

- RETIREMENT REQUEST SUBMITTED 9 TO 12 MONTHS FROM REQUESTED DATE.
- NEED DA FORM 4187 AND DA FORM 31
- OPTIONAL:
  - ERB
  - LES
  - PERSONNEL FILE

OFFICERS

- UNQUALIFIED RESIGNATION
- RETIREMENT
- CHAPTER



TEAM LEADER
MS. WELLS AT 287-6099
vallee.wells@conus.army.mil

TECHNICIANS
MR JAMES WARE AT 287-9664
MS DANUTA FLETCHER AT 287-7002
james.t.ware@conus.army.mil
danuta.fletcher@conus.army.mil

DD FORM 214

HISTORY OF MILITARY SERVICE

† DEPLOYMENT

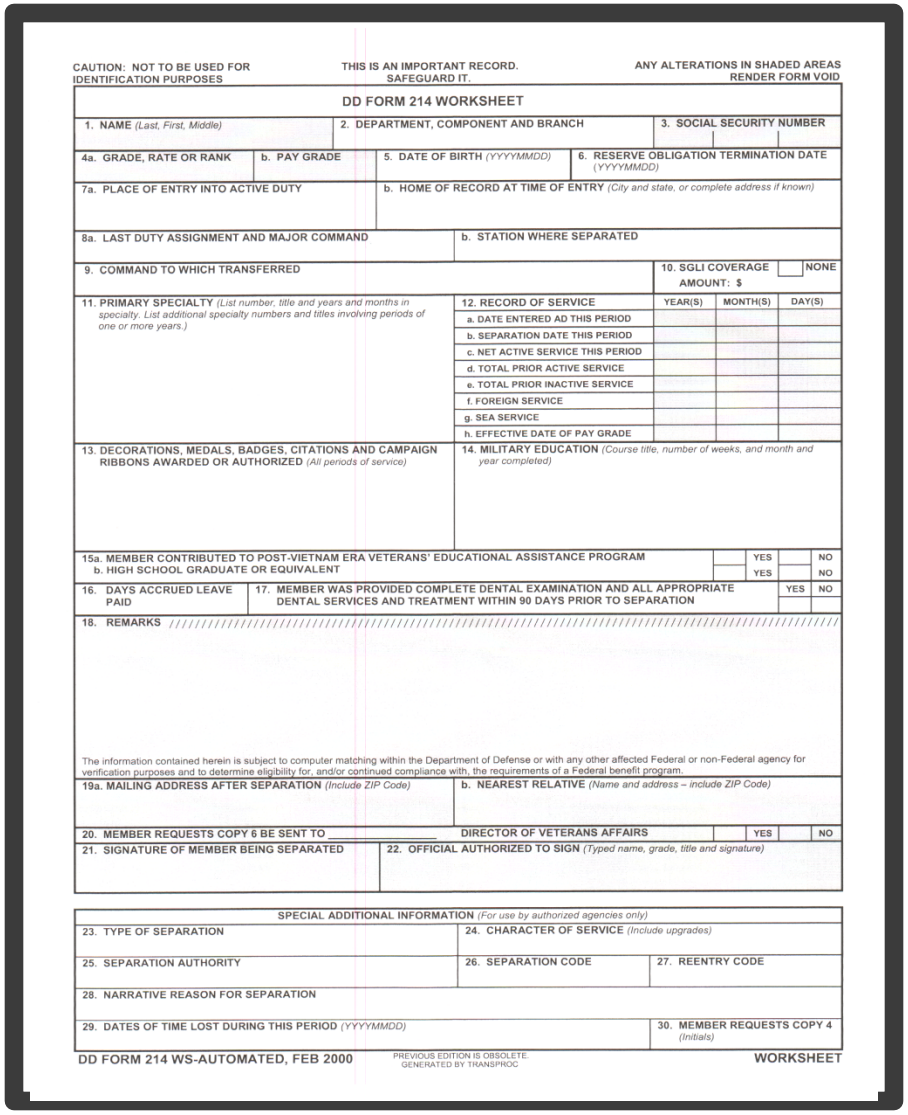
† AWARDS

† SCHOOLS

† PROMOTION

† CHARACTER OF SERVICE

† MOS



CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES

THIS IS AN IMPORTANT RECORD. SAFEGUARD IT.

ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

DD FORM 214 WORKSHEET

1. NAME (Last, First, Middle)	2. DEPARTMENT, COMPONENT AND BRANCH	3. SOCIAL SECURITY NUMBER
4a. GRADE, RATE OR RANK	b. PAY GRADE	5. DATE OF BIRTH (YYYYMMDD)
6. RESERVE OBLIGATION TERMINATION DATE (YYYYMMDD)		
7a. PLACE OF ENTRY INTO ACTIVE DUTY	b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known)	
8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND	b. STATION WHERE SEPARATED	
9. COMMAND TO WHICH TRANSFERRED	10. SGLI COVERAGE AMOUNT: $ NONE	

11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.)	12. RECORD OF SERVICE	YEAR(S)	MONTH(S)	DAY(S)
	a. DATE ENTERED AD THIS PERIOD			
	b. SEPARATION DATE THIS PERIOD			
	c. NET ACTIVE SERVICE THIS PERIOD			
	d. TOTAL PRIOR ACTIVE SERVICE			
	e. TOTAL PRIOR INACTIVE SERVICE			
	f. FOREIGN SERVICE			
	g. SEA SERVICE			
	h. EFFECTIVE DATE OF PAY GRADE			

13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service)	14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed)

15a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM		YES		NO	
b. HIGH SCHOOL GRADUATE OR EQUIVALENT		YES		NO	
16. DAYS ACCRUED LEAVE PAID	17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION		YES		NO

18. REMARKS

The information contained herein is subject to computer matching within the Department of Defense or with any other affected Federal or non-Federal agency for verification purposes and to determine eligibility for, and/or continued compliance with, the requirements of a Federal benefit program.

19a. MAILING ADDRESS AFTER SEPARATION (Include ZIP Code)	b. NEAREST RELATIVE (Name and address – include ZIP Code)

20. MEMBER REQUESTS COPY 6 BE SENT TO _____	DIRECTOR OF VETERANS AFFAIRS	YES		NO
21. SIGNATURE OF MEMBER BEING SEPARATED	22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature)			

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)

23. TYPE OF SEPARATION	24. CHARACTER OF SERVICE (Include upgrades)	
25. SEPARATION AUTHORITY	26. SEPARATION CODE	27. REENTRY CODE
28. NARRATIVE REASON FOR SEPARATION		
29. DATES OF TIME LOST DURING THIS PERIOD (YYYYMMDD)		30. MEMBER REQUESTS COPY 4 (Initials)

DD FORM 214 WS-AUTOMATED, FEB 2000 PREVIOUS EDITION IS OBSOLETE. GENERATED BY TRANSPROC WORKSHEET

USED FOR
- CIVILIAN JOB
- COLLEGE
- VA BENEFITS
- HOME LOANS

ETS, CHAPTERS, MEDICAL SEP BRIEFING
0730-1230 DAILY

OFFICERS & RETIREMENTS
1 ON 1
214 BRIEF

DON'T LEAVE FORT HOOD WITHOUT YOUR DD FORM 214!!!

DD FORM 214

- **BRING TO BRIEFING:**
  - **GREEN STAMP ON CLEARING PAPERS**
  - **RECEIVE DD FORM 214 WHEN?**
    - ✓ **ONE DAY PRIOR TO PTDY/LV**
    - ✓ **DAY OF SEPARATION**
  - **ACAP CHECKLIST (DD FORM 2648)**
  - **DA FORM 31 (LEAVE AND/OR PTDY)**
  - **NG OR RESERVE CONTRACT**
  - **IF ERB/ORB NOT UPDATED BRING MFR FOR DEPLOYMENT DATES**
  - **“LOVE ME BOOK”**
    - ✓ **AWARDS**
    - ✓ **MILITARY SCHOOLS**
    - ✓ **PROMOTION ORDERS**
    - ✓ **REDUCTION (ARTICLE 15)**
    - ✓ **DOCUMENTS TO UPDATE DD FORM 214**

DD FORM 214

- **NO** *CHILDREN* **IN BRIEFING**
- **BRIEFING MAY LAST ANYWHERE FROM 2 TO 6 TO 8 HOURS**

- **DO NOT MAKE ANY IMMEDIATE PLANS, APPOINTMENTS, OR TRANSPORTATION ARRANGEMENTS ON YOUR DAY TO RECEIVE DD FORM 214**

ISSUES

- DOR E4 & BELOW (ERB & LES)
- RESERVE OR NATIONAL GUARD CONTRACTS
- PHYSICAL CALL 288-8888
- REVIEW AND CORRECT ERB/ORB
- SOLDIER GOES AWOL, UNIT CLEARS SOLDIER
- 90 DAY STABILIZATION (USED TO CHANGED ETS DATE FOR SOLDIERS STOP LOSSED PAST THEIR CONTRACTUAL ETS DATE)
- STOP LOSS

TRANSITION CENTER

Customer Service 287-3513